

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **1294**

Complete if Known	
Application Number	09/896,812
Filing Date	June 29, 2001
First Named Inventor	Thomas D. Madden
Examiner Name	Gollamudi S. Kishore
Art Unit	1615
Attorney Docket No.	480208.408

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METHOD OF PAYMENT	
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 19-1090 Deposit Account Name: Seed Intellectual Property Law Group PLLC	
The Director is authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account.	

FEE CALCULATION				
1. BASIC FILING FEE				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)				(\$)

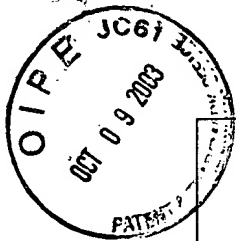
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																						
Total Claims	66	-63** =	3	Fee from below																																		
Independent Claims	3	-4** =	0	Fee Paid																																		
Multiple Dependent			290	290																																		
<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>					Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
Large Entity		Small Entity		Fee Description																																		
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SUBTOTAL (2)				(\$) 344																																		

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	950
1254	1480	2254	740	Extension for reply within fourth month	
1255	2010	2255	1005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1330	2453	665	Petition to revive - unintentional	
1501	1330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$) 950

SUBMITTED BY			Customer Number
Name (Print/Type)	Car D. Laherty, Ph.D.	Registration No. Attorney/Agent	51,909
Signature	<i>Car D. Laherty</i>	Date	October 9, 2003
			00500

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10-10-03
1615
EXPRESS MAIL NO. EV348W3326USTRANSMITTAL
FORM(To be used for all correspondence
after initial filing)

Application Number	09/896,812
Filing Date	June 29, 2001
First Named Inventor	Thomas D. Madden
Art Unit	1615
Examiner Name	Gollamudi S. Kishore
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ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> CD(s), Number of CD(s) _____ |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Declaration | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 | <input type="checkbox"/> Statement under 37 CFR 3.73(b) | <input type="checkbox"/> Additional Enclosure(s) (please identify below):

_____ |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 | | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Carol D. Laherty, Ph.D.	Customer Number 00500
Signature		
Date	October 9, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	SENT VIA EXPRESS MAIL	
Signature		Date:

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